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"NEC TENUI PENNA."

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EDITORS.

Original.

SANITARY OUTRAGES.

BY WM. H. GALT, M. D.

Nothing is more natural, after the prevalence of a fatal epidemic, than the study of the origin of disease. While we are often baffled in our efforts to find the ultimate cause, the *fons et origo*, of disease, still by means of the microscope much has been disclosed. Though I believe that too much importance has been given to these infinitesimal substances, and that they have been regarded often as causes of disease instead of its product, still study in that direction should be encouraged as most important and necessary. I think that these investigators have given a bias to professional thought, which has probably had too much influence in our conclusions as to the origin of some of our epidemics, as well as in the so-called zymotic diseases. As an instance of this, in the report of the proceedings of one of the northern medical societies, a member reported a number of cases of diphtheria occurring in persons who were in the last stages of phthisis. In explanation of this, one of the members stated that doubtless the *Leptothrix buccalis* in the mouths of these patients had been perverted into bacteria by the changed condition of the blood in the phthisical patients! This scientific explanation seemed satisfactory to the society.

The "germ theory" of the origin of yellow fever seems to be the popular idea with a majority of the profession, and eminently so with the people. The quarantine is a foregone conclusion, and it is to be hoped that it will be made so effectual that it will settle forever the question of the practicability of the prevention of this epidemic. The Sanitarian, in an article on quarantine, says: "Finally, no quarantine can ever be made successful without co-ordinate sanitary measures for both ports and vessels of every class. The remarks of John Simon, in his report to the commissioners of sewers of London, in 1854, in regard to cholera, are equally applicable to yellow fever: 'The specific migrating power, whatever its nature, has the faculty of infecting districts in a manner detrimental to life *only when their atmosphere is fraught with certain products susceptible under its influence of undergoing poisonous transformation.* . . . Through the unpolluted atmosphere of cleanly districts it migrates silently without a blow; that which it can kindle into poison lies not there. To the foul, damp breath of low-lying cities it comes like a spark to powder. Here is contained that which it can quickly make destructive—soaked into soil, stagnant in water, griming the pavement, tainting the air—the slow rottenness of unremoved excrement to which the first contact of this foreign ferment brings the occasion of changing into new and more deadly combinations.'"

If this is true of yellow fever, it is eminently so of the so-called "filth diseases." Chief among these are diphtheria and scarlet fever, "the red demon of the nursery." These, like the poor, we have always with us. There is hardly a family in this broad land which has not felt their fatal power. Should we not, then, be most earnest in keeping before the people, and our municipal government, the importance of proper sanitary measures. It is easy enough to say keep every thing clean; but this broad, general instruction is not sufficient. We should point out particularly and explicitly every detail which is important to insure a perfect sanitary condition. It is only a visitation like last summer's which makes communities alive to the importance of sanitary measures, and which opens the municipal purse to the expense incident to carrying them out.

There is one cause of diphtheria and scarlet fever, which kill annually more than the yellow fever or cholera, which is not often

spoken of to "ears polite." It is well known to the profession that diphtheria and scarlatina prevail to a great extent during the time the children are attending our public schools. The condition of the latrines of these schools in Brooklyn and New York, as shown in the article from the Sanitarian which I will quote, shows a picture of horror which will go to account for it. I do not know any thing of the condition of the latrines of our public schools here, but it is fair to conclude that they are no better than those in the great centers of civilization and wealth. If ours are better, we are to be congratulated; if worse, it should be known, and their condition remedied. Listen to this. It will turn your stomach, but it is to be hoped will bring before you such a picture of horrors that you will be carried away with a feeling that this nuisance should be abated if the school-houses have to be burned to the ground: "It is not perhaps generally known that both in New York and Brooklyn the privy-vaults of the school-houses are made of brick, with an iron tank at the bottom fitted with a plug-delivery to the sewer, to be emptied at the pleasure of the janitor; in the winter it may be once a week, in the summer twice. A moment's reflection will suggest to any one that the brick walls of these vaults speedily become saturated with filth; brick, it is well known, absorbs moisture with great facility, and none the less if it be filthy moisture. Hence such vaults speedily become stench-holes of the most odious and dangerous character. They are frequently so situated that there is no escape from the foul odors in any part of the school-house; or in others, particularly class-rooms, such as the one recently described by the Herald, become unendurable. Moreover, these foul vaults are constructed after the usual manner of contract work hereabouts; the brick are laid up dry, and so rob the cementing material of the moisture necessary for a substantial setting, and consequently have leaky joints or broken walls. Under such circumstances the leakage sometimes permeates the school-house walls, for the vaults are only a few feet off; some, indeed, are in the basements of the school-room. But, if possible, still more revolting is the deficiency of accommodation. School-houses of from one thousand to fifteen hundred pupils, five hundred to seven or eight hundred of either sex, have only from twelve to fifteen seats in their respective departments, and *without any partitions between the seats, so that in these all the children are in actual contact with one another*, as close as they are in the overcrowded benches of the primary department in the school-room. These vile deficiencies, besides their nastiness, are fraught with terrible consequences to the health of the children, from the restraint they impose on the wants of nature. The urinal trough in the boys' department is of a piece with the rest. A pine-board gutter, twelve to fifteen feet in length, constructed wholly regardless of decency, is the common and only provision for the thousand or more boys. It and the floor, from necessity, are constantly saturated with filth more offensive than and comparable only with a pigsty."

This is from a suppressed report made by Dr. A. N. Bell, editor of the Sanitarian, when a member of the school board of Brooklyn. He made suggestions and proposed alterations in the interest of the children's health, and had to complain of the animadversions of some of the members, as urging unnecessary and expensive appliances to the board.

Need we look for "germs," "fomites," "spores," or "micrococci" with a microscope when we have so plain a nursery for scarlatina and diphtheria? Do you think it probable that any mother in this civilized community needs any argument on the part of a physician to demonstrate the moral and physical horrors of such a hideous condition of things? Do you think that there would be any difficulty in abating such a nuisance? Let us, then, in addition to the quarantine against foreign infection, put forth every enlightened endeavor to prevent such diseases as may be averted by a close and rigid observance of the laws of health; for without such observance no quarantine can be of any force.

LOUISVILLE.

SUBSULPHATE OF IRON INJECTIONS IN UTERINE HEMORRHAGE.

BY JOHN O. M'REYNOLDS, M. D.

I promised long ago to give you my experience in the use of the sol. subsulph. of iron to arrest post-partum hemorrhage and to prevent after-pains. The delay in redeeming this promise has given me greater experience and more confidence in the remedy.

After reading Dr. Barnes's article on the subject I determined to use it in the first case presenting itself, which occurred Aug. 3, 1871, Mrs. R., of this town, giving birth, after an easy and natural labor, to her seventh

child at full term. On that day, five hours after the removal of the placenta, she began to flood freely. I sent immediately for the iron and a syringe, and introducing my hand into the womb, turned out the clots; failing by this to induce contraction, passed lumps of ice into its cavity and applied friction over the abdomen. Still the womb refused to contract, and the hemorrhage went on. She became blind and pulseless; had the foot of the bed raised; felt that my patient must die in a few minutes unless the bleeding was stopped. Having obtained the iron and syringe, injected into the womb, passing the pipe of the syringe well up to its fundus, ten ounces sol. subsulph. of iron in twelve ounces of water, using the whole of the solution. The hemorrhage was instantly arrested, the womb contracting firmly and permanently. There were no after-pains, but little lochial discharge, and the case did well in every way.

The next day, August 4th, Mrs. M., also of this place, was delivered at full term of her third child. The labor progressed well under the influence of chloroform. The placenta was easily and readily removed; flooding followed at once, the blood coming in a stream. Warned by the experience of the day before, I had every thing in readiness, and without loss of time injected into the cavity of the womb, passing the pipe of the syringe as before up to the fundus, four ounces subsulph. of iron in twelve ounces of water, using it all. The bleeding stopped at once, the womb contracting permanently; no after-pains; slight lochial discharge. The lady declared that the injection felt pleasant. She made an excellent and rapid recovery.

On the 14th of same month I attended a woman who had suffered greatly with after-pains in her previous cases. There was no hemorrhage. Noticing that the womb remained contracted in the two cases in which I had injected the iron, and that there were no after-pains, I used the injection, four ounces sulph. iron to twelve ounces of water, solely to prevent the after-pains. The success was very gratifying.

September 27, 1871, I saw a patient who had miscarried at about the third month. This woman had frequently miscarried and usually flooded. Injected the solution of iron of the same strength as in the last two cases. Stopped the hemorrhage promptly, but was followed instantly by severe pain over the abdomen and a bad case of peritonitis, produced unquestionably by the injection. I have never used it since for hemorrhage following miscarriage in the earlier months of pregnancy.

The results of the injection of sol. subsulph. of iron have been so satisfactory, that I never attend a case of labor without being prepared to use it. Have never known it fail to arrest the hemorrhage, nor, except in the case mentioned, followed by any bad effects. No remedy known to me relieves after-pains so well. The after-pains are caused, I believe, by the gradual filling of the womb with blood, until the stimulation of distention causes it to contract. The iron stops the oozing of blood into the womb, and it remains permanently contracted. To get the benefit of the injection, the womb must be emptied of its clots, and the fluid thrown well into its cavity. I use a Davidson syringe with the vaginal pipe to inject with.

The drawbacks to the iron are staining the clothes and forming hard coaguli, which adhere to the hair about the pubis. These clots can be removed by washing the parts immediately with warm water and soap. I have had no trouble with clots in the vagina or womb.

The patients into whose wombs the iron is injected seem to me to recover faster than those with whom it is not used; and it is reasonable that they should, for if the raw surface from which the placenta has been detached is kept quiet by the permanent contraction of the womb, it ought to heal faster than in the cases where the womb is alternately dilating and contracting for two or three days.

ELKTON, KY.

SEDATIVE POWERS OF QUINIA.

BY H. K. PUSEY, M. D.

The sedative power of quinine has been understood by the profession for a long time, and physicians have ceased to regard the presence of inflammation as a contraindication to its use; but they have not expected benefit from it in inflammatory diseases, except so far as these affections may have been induced or kept up by miasmatic poison. This sedative power was considered as only exerted upon fevers of malarial origin. Its sedative action on the nervous system in all of its conditions is only now getting place in the professional mind. We are indebted to the thermometer more than all else for a correct understanding of the action of qui-

nine. That instrument has enabled us to estimate the importance of heat as a factor in fever and inflammation. The fact that quinine, by its calming and cooling effects, does subdue abnormal heat suggests its use in all diseases in which the febrile heat is liable to exhaust the system by its consuming action upon the tissues, or by inducing fatal or complicating organic lesions.

Now, does it require quinine in larger doses to produce its cooling or antipyretic effects in continued and inflammatory fevers than it does to cure malarial fever? I think that it does. I think, too, that the diversity of opinion as to the quantity of quinine necessary to cure remittent and intermittent fever, and the discussion as to large and small doses, grow out of the fact that it cures these diseases by its antidotal or eliminative action, and is a remedy in small or large doses. Indeed, my experience leaves me with the impression that malarial fever, in all its simple forms, yields about as readily to small as to large quantities of quinine. We frequently see cinchonism induced by very small quantities of the medicine, yet sufficient to neutralize the miasmatic poison or to enable the nervous system to eliminate it. Moderate cinchonism, then, is sufficient to aid the system in ridding itself of the miasmatic poison.

Quinine in large doses seems to exert on the nervous system an action different from that by which it cures malarial fever; an action of its own, in which condition the nervous system is less sensitive to impressions of any sort, especially those by which it is stimulated to the generation of abnormal heat. During the past year I have seen in typhoid fever, continued malarial fever, pneumonia, and rheumatism the temperature reduced from 104° or 105° to its normal standard by forty grains of quinine administered at a single dose, when the patient had had, without any effect on his temperature, ten-grain doses every six hours, until more than double that quantity had been taken. The system is more tolerant of any medicine distributed over a period of twenty-four or forty-eight hours than if it were all administered at once. One pint of whisky at a single draught would produce profound and possibly fatal intoxication, while one quart distributed over twenty-four hours would be easily borne, and only serve some men as an agreeable stimulant. The cooling effect of quinine, except in intermittent and remittent, is only produced by the medicine in large doses, which may be needed only at long intervals of thirty-six to forty-eight hours.

In well-marked cases of typhoid fever running thirty to thirty-five days I have seen the temperature at 104° or 105°, on the eighth or tenth day of the disease, subside to normal or to 100° under forty grains of quinine, not to come up again for forty or forty-four hours, when a similar dose of the medicine would reduce the heat for a like period, and so on; the temperature reaching this high degree, and requiring the use of the medicine on each alternate day, for fourteen to sixteen days, before the temperature would remain at a point compatible with the safety of the tissues.

The duration of the quinine effect upon the temperature illustrates what most physicians have observed—that is, that quinine administered thirty-six to forty hours before the expected intermittent paroxysm more surely arrests it than when given nearer to it. It would then seem that the administration of small and frequently-repeated doses of quinine, in order to cover the approach of the cold stage, is not based on a correct understanding of its action or of the duration of its effect, or of economy of this valuable medicine.

Wide as the range of quinine has been in the treatment of disease, it has been so exclusively associated in the professional mind with miasmatic poison and its manifestations, that it has not been appreciated in diseases whose origin could not be traced to this cause. Many physicians, whose experience was better than their theory, have been charged with riding malaria as a hobby because they endeavored to find it in every case that was cured or benefited by the use of quinine. The profession in all of its branches — medical, surgical, and obstetrical—are breaking away from the exclusive miasmatic idea, and finding use for quinine in many conditions of the nervous system with which they have to deal.

GARNETTSVILLE, KY.

REMOVAL OF A FIBROID POLYP FROM THE NOSE BY THE KNIFE.

REPORTED BY DR. E. KEMPF.

In April, 1878, Mrs. M. Simon, aged fifty-eight years, and of a stout constitution, from Fulda, consulted Dr. M. Kempf, at his office, concerning "a violent headache, which increased toward evening, and a sense of full-

ness and weight in the nostrils." In January she was attacked with a violent headache, which commenced in the orbital regions and passed backward over the cranium, tonsilitis, and erysipelas of the face, which subsided in about nine days.

On examination, Dr. K. found a dryness of the Schneiderian membrane, and mucous scabs covering it. Thinking it to be the first stage of ozena, injections of dilute carbolic acid with the nasal douche, and large doses of quinine internally, were ordered.

I lost sight of the patient for some time, when meeting Dr. A. he said he had the patient under treatment, and thought she had a malignant tumor of the nares. In September Dr. M. K. again saw the patient, in consultation with Dr. Knapp. The patient complained of a violent headache, difficulty in breathing, impairment of the sense of smell, and of a discharge of a sanious character. The left eye was bulged forward and to the left, the tears trickled down over the left cheek, and the face had the appearance as if there was a tumor somewhere in the nose, eye, or head. On examination, the left side of the nose was found entirely blocked up by a growth, which had expanded the bones composing the bridge of the nose and the soft parts in such a manner as to give the patient a frog-face appearance.

We attempted to remove the growth from the nose by a polyp-forceps, but failed, because only small pieces could be removed at a time, which caused such an intense bleeding as to force us to desist, and try another method of removing the tumor. The patient was put on a nourishing diet to recuperate her strength, and the operation was postponed.

On the 5th of October, the patient being put under the influence of chloroform, after the posterior nares had been plugged with two sponges, to prevent hemorrhage from passing into the larynx, a crucial incision was made over the left side of the bridge of the nose. The flaps were dissected back, and the periosteum was scraped from the nasal bones, which were now lifted out by means of an elevator, as the bones were thin and friable. Dr. Kempf now inserted his finger through the opening into the nose, and carefully peeled out the tumor. It consisted of a fibroid polyp, of about the size of a goose-egg, containing in its center the bones forming the septum of the nose, which it had encircled. The surrounding bones had a sharp feel to the touch, as if they were necrosed. The sponges were also removed, and the head of the patient was held downward to admit the blood to flow out freely.

We were at first inclined to diagnose the tumor as an osteo-sarcoma; but as it did not have its history, we gave the patient the benefit of the doubt. The wound was kept open with slippery-elm tents for *two months*, so that if a reappearance of the growth should take place, it could easily be removed. The wound was washed out three times a day with weak carbolic-acid water, and the patient was put on malt and dialysed iron.

It is now six months since the operation, and the woman is well.

FERDINAND, IND.

Correspondence.

To the Editors of the Louisville Medical News:

The first Tuesday in May having been selected by the American Medical Association as the time for its next meeting, at Atlanta, Ga., and the same day having been chosen by the State Medical Society for its annual meeting, at Danville, we have decided to hold our convention on the last Tuesday in April. This change will make it possible for members of the State Society to attend both meetings. The ceremony of unvailing the McDowell monument will make our meeting one of unusual interest, and may possibly attract members of the profession from other states.

Please make this announcement in your journal, and oblige,

Yours very respectfully,

OWENSBORO, KY. C. H. TODD.

Miscellany.

SOLUBLE PILLS.—Morris Stroud French, M. D., writes a letter to the Cincinnati Lancet and Clinic on various forms of pills. We extract the following:

"The Messrs. Schieffelin & Co., of New York, who prepare and manufacture the soluble-coated pills, kindly showed me the process from the mixing of the mass to the finishing of the pill, satisfied me that where an immediate effect is necessary their claims for advantage over other forms of coated pills were well founded.

"One very marked advantage being that

they are coated with so thin a surface as to be perfectly transparent, the color of the mass being as apparent and well defined as if there was no coating upon them, yet the taste of the drug is not perceived when given. Upon placing one of these pills in the mouth the coating was very quickly dissolved, thus showing how very soluble it was.

"The manufacturers of the soluble pills claim great exactness and care in the minute division of such drugs as morphia, strichnia, and phosphorus.

"One of the most difficult pills to prepare satisfactorily and to remain unchanged for an indefinite time, is the phosphorus pill. I cut open some of the phosphorus pills that Messrs. Schieffelin & Co. told me had been made for a considerable time, and found them soft, luminous when rubbed, and in every respect, as far as I could judge, in quite as good condition as though they had been made but a few days.

"Some years ago I made some experiments with these pills; dissolving them in water. Upon the bottle containing the water in which two had been dissolved being placed in the dark, the liquid became luminous, and when the stopper was withdrawn the phosphor fumes were distinctly perceived. The same experiment was also tried by Mr. Clark, of Schieffelin & Co., who informed me he also had obtained like results.

"Their quinine pills, which had been made some time, I found upon cutting open to be soft, and in every respect, I should judge, as easily dissolved as an uncoated pill just made; but, if you will pardon the repetition, I will say that being a persistent advocate for the administration of medicines in solution, where rapidity of action is desired, it would be better to administer quinine in solution if possible, but if the practitioner thinks it necessary to give in pill form, he should only prescribe the bisulphate.

"The coating of these soluble pills is so quickly dissipated by the moisture of the mouth that I should be inclined to recommend them in preference, but prefer that your readers should test the matter for themselves as the time and trouble necessary is little."

PLASTER-OF-PARIS BREAD.—Dr. Sedgwick Saunders lately laid before the Lord Mayor a report on a quantity of "flour" offered for sale in the city of London, and containing so large a proportion of plaster of Paris that it was possible to cast the metal in a mould. Whetham acted with less public spirit than might have been expected of him in refusing to condemn it. His lordship laid too much stress on the legal requirement that sale of the article should be proved. It is easy to understand the difficulty, because, for any thing that was shown in court, the mixture may not have been intended for food. No evidence of its sale or use for making bread was submitted, and it would clearly be embarrassing to jump to a conclusion on a mere statement to the effect that it was so employed. It is necessary to recognize this important omission. At the same time it must be manifest that had there been the slightest disposition on the part of the chief magistrate of the city of London to help the cause of public health and prevent mischief, the same course might have been pursued which a well-constituted executive authority is always ready to adopt with a view to aid the interests of peace and prosperity. An officer might have been sent to inquire into the matter, and the flour would then doubtless have been condemned. It is an important circumstance that this course did not suggest itself to the Lord Mayor or his advisors. The attempt to throw the onus of prosecution on a medical officer of health was absurd, and can only be regarded as proof of ignorance or obstinacy. The matter is to be brought again under the notice of the chief magistrate, and we may hope he will then be better advised. In the interim, however, it is beyond doubt that bread made of this deleterious compound has been sold, and even fatal consequences may yet ensue. Dr. Sedgwick Saunders has no responsibility in the matter, but a grave reflection must fall upon the authority by whom timely assistance was refused.—*Lond. Lancet.*

OF all the cant phrases which medical advertisements have given birth to, none is worse than "to meet the wants of the busy practitioner." When he is connected with cheap wares, call him a stingy practitioner, a poverty-stricken practitioner, a dead-head practitioner; but do not insult energy by mixing up economy of time, brains, or labor with the desires of a live doctor. "Wholly independent of cliques or rings" is another sign, which may mean either "for sale cheap," or "dull metal without click or ring." The wine of good journalism needs no such bush, and a forest will not hide the spuriousness of a bad article.

TROMMER'S EXTRACT OF MALT.—The success of the Trommer Extract of Malt Company is one of the most striking events in the history of pharmacy. Five years ago the extract of malt was a curiosity in this country, and to-day there is no corner of the Union into which it has not been carried and received with the heartiest welcome. More than this, the demand for it abroad bids fair to spring up, and the American manufacture is to come in competition with its European prototype. The estimate with which this company's malt extract is held in London may be seen from the following report made by Dr. Redwood to the analytical department of the London Practitioner, which is one of the most trustworthy sources of information we have concerning the purity of pharmaceutical preparations:

DR. REDWOOD'S ANALYTICAL DEPARTMENT,
17 BLOOMBURY SQUARE, LONDON,
September 18, 1878.

I have examined the extract of malt manufactured by the Trommer Extract of Malt Company, and, judging from its physical characters and chemical reactions, I am of opinion that it fairly represents what its name indicates; that is, that it is a preparation of malt in which are contained the essential properties of that substance, with a slight addition of aromatic bitter of the hop. It has the character of a soft extract, in the sense in which that term is used pharmaceutically; and it has evidently been prepared with great care and judgment, as it retains the property of acting on amylaceous bodies, as diastase does, while the extract itself bears long keeping without change. It also possesses the property of forming with cod-liver oil a permanent mixture or emulsion, in which the taste of the oil is very effectually covered, and its administration thus greatly facilitated.

T. REDWOOD, Ph. D., F. R. C. S., etc.,
Professor of Chemistry and Pharmacy to the Pharmaceutical Society of Great Britain.

TRICHINOSIS IN SWITZERLAND.—The Swiss "Local Government Board" has addressed to all the cantonal authorities a circular admonishing them that, according to official reports, there have just been detected in Thionville (Alsace-Lorraine) large numbers of the trichina spiralis in the ham imported from America. The importation into Switzerland and the consumption of ham imperfectly cured, or almost fresh, have lately reached such proportions as to rouse the attention of the "Local Government Board," which has accordingly appointed a commission to decide upon the precautionary measures to be taken. Meanwhile it invites the cantonal authorities to warn the population against the consumption of American ham, especially in the semi-raw state, and to arm the police with discretionary powers over the sale of the article.—*London Lancet.*

A STORY OF SCIENCE.—From Naturalists' Leisure Hour:

A philosopher sat in his easy chair,
Looking as grave as Milton;
He wore a solemn and mystic air
As he Canada balsam spilt on
A strip of glass, as a slide to prepare,
For a mite taken out of his Stilton.

He took his microscope out of his case,
And settled the focus rightly;
The light thrown back from the mirror's face
Came glimmering upward brightly.
He put the slide with the mite in place,
And fixed on the cover tightly.

He turned the instrument up and down,
Till, getting a proper sight, he
Exclaimed, as he gazed with a puzzled frown,
"Good gracious" and "Highty-tighty,"
The sight is enough to alarm the town;
A mite is a monster mighty.

From t'other end of the tube the mite
Regarded our scientific.
To his naked eye, as you 'll guess, the sight
Of a man was most terrific;
But reversing the microscope made him quite
The opposite of "magnific."

"One sees the truth through this tube so tall,"
Said the mite as it squinted through it;
Man is not so wondrously big after all,
If the mite-world only knew it."

MORAL.

Mem. Whether a thing is large or small
Depends on the way you view it.

THE HABITS OF BIRDS.—At a recent meeting of the Maryland Academy of Sciences, Mr. Otto Luggar read a paper on birds, based upon his own personal observations. Most birds, he said, take but two meals a day—early in the morning and about dark; birds of prey, rarely more than one a day. Three hours out of the twenty-four seem sufficient rest in sleep for singing birds. They are sensibly affected by atmospheric conditions; singing less, and less jubilantly during cloudy, wet weather. Male birds usually mate with one female, and remain faithful to her, guarding her while she builds the nest for the coming brood, and feeding her while she is incubating the eggs, or taking her place while she flies off in search of food. Birds have little discrimination as to what kinds of eggs are placed under them in the nest to incubate, and will try to hatch acorns or nuts if placed in the nest instead of eggs. A temperature of 86° Fahrenheit for twenty-one days is required to hatch most bird's eggs. The young are not assisted by their parents to leave the egg, but when each one has broken its way out, the parent carefully removes all the pieces of broken egg from the nest. The young gen-

erally emerge from the larger end of the egg, and before coming out, can be heard at work breaking their way. They are born hungry, open their mouths for food as soon as born, and are great eaters. Their eyes open in from five to ten days. When the young bird is old enough to forage for itself, it is cruelly driven away by the parent birds. Many birds are much troubled by skin and feather parasites on their heads and wings.

A FATAL BOX ON THE EAR.—An inquiry has just been concluded at Willingham, Cambridgeshire, into circumstances leading to the death of a boy about eight years of age. The deceased was attending the board school at Willingham, and on the afternoon of November 27th he went to school quite well, but returned home between four and five, looking quite ill, and holding his head toward his left shoulder. He had been struck over the right ear by the monitor of his class at school. Next morning the boy was too ill to go to school. He gradually got worse, and died on December 7th, the last words he said being that the monitor "Hit me in school." This is another illustration of the extreme danger attending the practice of inflicting punishment by boxing the ears, and, we may add, of any part of the head generally, since it is a favorite practice with some masters to rap their pupil's heads with the bent knuckles of the index and middle fingers. In sound, healthy lads, a box on the ears may not perhaps lead to fatal consequences, though there is always a risk of inducing deafness by rupturing the membrana tympani. In delicate boys, of strumous or tubercular tendency, fatal results may be easily induced, and a master, by giving way to a moment's irritation and an error of judgment, may forfeit a position gained by years of honorable toil, be imprisoned for manslaughter, and thus ruined for life.—*London Lancet.*

THE Atlantic Medical Journal alludes to the fact that the Yellow Fever Commission had already pronounced opinion before it began its deliberations, and very pertinently asks why the other side was not represented by such men as Le Hardy, of New Orleans, or Kinloch, of Charleston. It is useless to kick at the matter, though the unrepresented will talk. A national quarantine is likely to be established. When it fails, probably some commission may inquire into the nature of yellow fever.

OVER-STIMULATION IN WOMEN.—The Gentlemen's Magazine contains an article on "Over-stimulation in Women," by Dr. Frederick H. Daly, on the following text—that in the present day women in every class of society over-stimulate. He attributes the evil to the excitement and wear of modern life; to the unwisdom of young husbands pressing their wives to join them in taking toddy at bedtime; to the exaggerated and ignorant notions afloat as to the use of malt liquors to nursing women; to the readiness of the female nature, if badly advised, to take to habits of intemperance; and last, and largely, to the grocer's license. "The grocer's license," the author says, "is the means by which half the over-stimulation among women of the middle class is effected."

THE UNAPPRECIATED MUSE.—At the battle of Rolling Fork, during one of Morgan's raids in Kentucky, the officer second in command received a severe wound in one of the mastoid processes. A poet in the Confederate ranks recorded the event in metrical minutes which he kept of the raid. As Mr. Longfellow may fail to give place to the lines in his Poems of Places, we feel it but justice to the talent exhibited to print them here, if only for the anatomical information they convey. He sang:

> This here young officer, who was nigh equal to Morgan,
> Received a wound in the cranial organ.
> It sparred his life, I am happy to say,
> But knocked a piece of the cerebellum away.

EPHEMERAL PARALYSIS OF BABIES.—M. Jules Simon, at his clinique at the Hôpital des Enfantes Malades, draws attention to an affection to which he gives the above name, pointing out that it is not to be confounded with infantile paralysis. It always has one of two causes: first, a powerful constriction, as in one case it was caused by a nurse seizing the child roughly by the arm; second, cold, as in one case in which it was caused by sitting on a wet lawn. It is accompanied by pains and hyperæsthesia. The prognosis is very good, recovery being both complete and rapid.

THE Bellevue Medical School very properly heads its advertisements with "Member of the American Medical College Association." After the proper time for consideration has passed, no school in the Union should be considered genuine without that mark.

DIALYSED IRON.—In a report on the preparations of Wyeth Bros., Philadelphia and London, by C. R. C. Tichborne, Ph. D., F. C. S., he says: Messrs. Wyeth have succeeded in making a very excellent preparation, which is quite as good as any we have seen, and superior to many of them. In fact, some of the preparations known as dialysed iron, have been shown to be of the most variable composition. *Vide* paper read at the late meeting of the British Pharmaceutical Conference at Dublin, and Pharmaceutical Journal. It seems to vary from a weak liquor ferri mur to solutions which, according to Dr. Yandell, of Louisville, are nothing more than colored water. Our analysis of Wyeth's preparations gave: Ferric oxide (in the soluble form), 6.228; chlorine, .100; water, 93.672; total, 100.000. We may say therefore that it contains in the ounce fluid 27.68 grains of a basic salt of iron, which, strange to say, almost exactly agrees in composition with the results obtained by Graham. In his experiments he obtained a red liquid containing 98.5 parts of oxide and 1.5 of muriatic acid. The salt contained in Wyeth's preparation contains 98.42 ferric acid and 1.58 of chlorine. We have found Wyeth's dialysed iron to be a pure and concentrated solution which has been well prepared.—*Med. Press and Circular.*

ROUGHING HORSES.—The usual method of "roughing" horses is objectionable, involving much loss of time, outlay of money, and injury to the hoof by the repeated removal and replacement of the shoe. For many years I have had my horses shod from the commencement of winter with shoes provided with screw-holes, into which iron studs can be screwed in a few minutes, and removed with equal facility. For most horses two studs to each shoe, one to each heal, are sufficient. The extra cost of these appliances is not great, and their efficiency is unquestionable. Several of my medical friends have followed my example; but the expedient, though original with myself, is, I have learned, by no means novel. The "Goodenough" system of shoeing gives the horse, even without roughing, a much more secure foothold than the ordinary shoe.—*John W. Keyworth, in London Lancet.*

THE death of Prof. Biddle creates a vacancy in the presidency of the American Medical College Association. Prof. Gross should be selected to fill it.

PHYSICIANS AND PHARMACISTS IN ITALY.—The drug business is here, as elsewhere in Italy, divided into the purely mercantile and scientific branches. The mercantile stores, styled *Drogheria*, are best described as an "omnium gatherum" of drugs, oils, paints, groceries, glass, spirits, matches, soaps, and sundries. So far as I know, any one with the necessary capital and ambition may embark in this line of trade, but to conduct or clerk in a *Farmacia* a special license, the result of a successful technical examination, is necessary. The "Farmacia" has very often a homeopathic side department. Foreigners are allowed to practice medicine among foreigners in Italy, on presentation to the authorities of a diploma from any medical college, whether the same be from an allopathic, eclectic, or homeopathic school, for a period of three months, after which the Italian diploma must be won by a critical examination. During the three months grace allowed foreign physicians they are subject to a fine of 1,000 lyra (about $185) should they prescribe for an Italian citizen.—*Correspondence Pharmacist.*

PALUDAL TORTICOLLIS.—M. Jules Simon relates a case of torticollis due to miasmatic causes. The patient, a child of four years of age, a native of Bucharest, had suffered from several attacks of intermittent fever. When brought under his notice it was suffering from spasmodic contractions of the sterno-mastoid, which commenced every day at about the same time, and lasted from four to five hours. The child was becoming pale, losing flesh and appetite. Fifty centigrams of quinine were ordered to be taken every day. On the following day the attack was somewhat delayed, on the third the movements were very slight, and in six days they had entirely disappeared.

Selections.

Should Teeth be Extracted during Pregnancy?—Garrett Newkirk, M. D., Wenona, Ills., in Dental Cosmos:

What does tooth-extraction necessarily and possibly involve? Physically, it involves a solution of continuity of from one to three square inches of surface of living tissue, the sudden rupture of a large number of small blood-vessels, and from one to four nerves. Contingently, it may involve a fracture more or less extensive of bony process, unusual suffering, or loss of blood. It produces invariably on the conscious subject a sudden nervous impression—*shock*—

varying from trifling to serious; pain for a moment almost unendurable; semi-involuntary, possibly violent, movements and outcries, followed by faintness and nervous tremor, are the coincidents and sequelæ in some degree in a majority of cases. Additionally, there may be fear, fright, and occasionally, though rarely, uncontrollable anger.

The degree of shock likely to ensue may be in a measure anticipated by attention to the following considerations, viz: the temperament; present state of health, especially as it pertains to the nervous system; the character, history, and present condition of the tooth in question; the state of the neighboring tissues, and the probable ease or difficulty of extraction. The mental condition of patient should also be considered.

The order which temperaments bear to shock is about as follows: (1) the nervous, (2) nervo-sanguineous, (3) nervo-bilious, (4) nervo-lymphatic, (5) bilious, (6) lymphatic.

The condition of the nervous system at the time of an operation has a marked influence upon results; that which may be well borne at one time may at another be attended by a severe shock, and followed by serious prostration. This fact is never more apparent than in the extraction of teeth. A want of sleep, severe pain (especially if paroxysmal), unusual emotion or excitement, severe illness or overwork, may produce a state of exalted nervous sensibility, or rather irritability, highly unfavorable for an operation.

As to the tooth itself, Has it an inflamed pulp? Is it dead? Is there alveolar trouble of any kind? Is it particularly sensitive to instrumental touch? Has it one, two, three, or four roots and nerves? Is the trouble of reflex, malarial, or neuralgic origin? Would much force be required in its extraction? Is it probably amenable to therapeutic treatment? These are some of the questions which may be asked with reference to such cases where extraction is proposed, and which ought to be correctly determined by the dentist before he assumes the responsibility of performing the operation. It is not to be looked on as a trifling operation simply because it is so common. These questions, always proper, become of greater importance whenever the case in hand is that of a pregnant female.

I believe the following rules to be in the line of ordinary prudence:

Where a choice has to be made between allowing the tooth to remain, involving odontalgia, severe neuralgia, antral or alveolar abscess—conditions compromising the general health and comfort of the patient—and the removal of the offender, the latter course is the proper one; but this is a contingency not often arising, and may usually be avoided.

If the operation seems to be inevitable, however, and the temperament, mental and other conditions are unfavorable, with undue nervous irritability, it would be better to modify these conditions, either by forced rest and sleep under an opiate previous to, or by partial anæsthesia at the time of extracting.

During the pregnant state no tooth should be extracted to please the patient or her friends, or to prepare the mouth for artificial work. It should be only as a choice of two well-recognized evils, and then especial care should be exercised to avoid nervous impressions as far as possible.

As the greater danger of miscarriage exists during the earlier months of pregnancy, more particularly the third and fourth, temporary treatment, protection or filling, should, if possible, be resorted to if only for a few weeks.

Again, we all know that with certain timid people the sight of an operating-chair, of instruments, the touch of cold steel, or the sight of blood may, any of them, be sufficient to cause an almost insupportable condition of nervousness and dread. This is particularly true of females, and especially when *enciente*. Hence the increased necessity for trying to avoid or to modify these disturbing causes. Under some circumstances it would be better for the dentist to visit the patient at her house, and extract the tooth with an instrument previously warmed and kept from her sight. Much nervous distress may in this way be avoided.

I do not think that any practitioner of dentistry should entertain the theory that the pregnant state is one that may safely be ignored, for I believe such a theory full of possible dangers. Nor should it be forgotten that the question of miscarriage is not the only one involved in this matter. *Prenatal influences* are recognized by intelligent observers, both in and out of medical circles, as among the most important in determining the organic qualities of human beings, and more than usual care is exercised by sensible people to avoid disturbing influences upon the woman and child.

Strangulated Hernia in Private Practice.—More than twenty years ago I performed my first herniotomy under very inconvenient circumstances. While administering chloroform I had to operate; my medical friend held the candle, and a female relative of the patient held the mouthpiece in position. Often, in the course of a personal experience of about one hundred and thirty operations, varying inconvenience has been felt. A few years ago I suggested the use of an enlarged wire eye-speculum to separate the edges of the wound, as a substitute for skilled fingers. December 20th I advised immediate herniotomy in the person of a female, aged seventy-two. It became the duty of my medical friend to give his sole attention to the chloroform, while my only other assistant held the light. The hernia was turned well up over Poupart's ligament, while fibrous bands tightly constricted its neck, and were deeply placed. The speculum allowed the light to reach the bottom of the wound, and thus added greatly to the safe performance of a delicate operation.—*C. F. Maunder, in London Lancet.*

A New Remedy for Dysentery.—According to the India Medical Gazette of October 1st, a new and very efficacious remedy for dysentery has been found, which, if somewhat inferior to ipecacuanha, possesses the advantage over it of being free from nauseating effect. It is the root of a plant called Rungum in Bengalee, and found to belong to the genus *Ixora* of the natural order Cinchonaceæ. The species that have been tried are the *I. Bandhuca* and *I. Coccinea* (Roxb.). The plant is a very common one, and is most efficacious when employed in its fresh state. An extended trial of its efficacy has been directed by the surgeon-general.—*London Medical Times and Gazette.*

A good Tooth-paste.—℞ Cretæ precip., ℥ xvj; pulv. iridis., ℥ iv; pulv. ossis sepiæ, ℥ j; magnesiæ carb., ℥ ij; moschi, grs. iv; essent. bergamot, ℥ ij; ol. cinnam. ver., ♏ ij; cochinillæ, ℥ ij; syr. simp., q. s. ut. f. past. dent.—*N. Y. Med. Record.*

Danger attending the Use of the Stomach-pump.—Sir James Alderson, M. D., in the Lancet:

So great is the outcry by the public in cases of poisoning for the use of the stomach-pump, that I shall be excused in pointing out the dangers of its employment, more especially in unskillful hands. The annexed drawing is from an illustrated work on Poisons, by the late Dr. Roupell and Mr. McWhinnie, showing the damage to the internal coat of the stomach by the exhausting power of the pump in a case of poisoning by arsenic. The case occurred soon after the introduction of the instrument into use.

In all cases of soluble poison the full effect of the stomach-pump may be obtained by the use of a tube, used so as to act as a syphon, without any chance of danger to the patient. In a work of great merit, complicated with mathematical detail, by the late Dr. Arnott, published in 1829, the use of a tube, without any pump attached, is suggested to act as a syphon in cases of poisoning; and as it can be used at all times without danger to the patient, I venture to call attention to it.

An India-rubber tube, with an opening near that extremity of the tube which is to be introduced into the stomach, being carefully passed down the esophagus, is to be filled with water or some other bland fluid, the other end of the tube, which may be funnel-shaped, being held for the time *above the mouth*. As soon as the tube is full, pressure is to be quickly applied to the tube at its upper or outward opening; it is to be pinched quickly between the finger and thumb, and then turned downward, when, acting as a syphon, it will empty the stomach. This process can be repeated as long as any indications are given that all the poison has not been withdrawn from the stomach. Of course this only applies to soluble poisons, and in these cases only can such means be judiciously employed.

The power of the syphon is not great, but it is sufficient for the occasion, and is without danger. The power is measured by the difference only in the weight of the fluid in the two legs of the tube measured from the surface of the fluid in the stomach; the only requirement for its proper action being that the outer orifice of the tube during its use should be held well below the surface of the fluid in the stomach.

The syphon (or, more properly, siphon) is of old origin, supposed even before the Christian era. Its name—*σίφων*, a canal, or tube—in no way indicates its use. Various of our intermittent springs in this country are dependent on its action. In these cases the tube is naturally formed. It communicates with a naturally-formed chamber in the rock, which receives water from a constant spring; and as soon as the water in the chamber rises above the level of the bend in the siphon, this chamber is emptied, to be again filled, and from time to time emptied. There is one of these intermittent springs on Giggleswick Scar, in Yorkshire; and I have no doubt the "fluttering of the water" in the pool of Bethseda, described in the Gospel of St. John as the work of an angel, was of this character. In passing through the chamber, or before, the water might have gained in solution some salt favorable to the alleviation of certain cases of rheumatism, which would only be available on its exit from the tubes, before admixture with or diffusion in the body of the water in the pool.

Again, the stomach-pump is used for feeding insane patients. Now there is really no occasion for such an apparatus. A tube will answer all the purpose, provided care be taken to keep the outer opening of the tube well above the mouth of the patient. Gravity will exercise all the power required for the passage of liquid food into the stomach; and those dreadful fears always expressed by the patient when the pump is used will be altogether avoided.

Treatment of Burns.—Having submitted sundry cases of burns and scalds to the treatment by bicarbonate of soda, the following conclusions arrived at by the writer may be trusted as being reliable: Points in its favor—(1) It is an exceedingly clean application; (2) the soothing effect is instantaneous; (3) for slight burns it is admirable. Points against its general adoption—(1) The "soda" solution requires to be ice-cold, appearing to part with its soothing quality the instant its temperature is raised, as by immersion in it, so that the relief afforded is but momentary; (2) the quantity of bicarbonate required may be enormous, according to the extent of injury inflicted, nothing short of a saturated solution being of the slightest good; (3) should the burn necessitate an unsparing resort to cold water, it may cause the blood to congest on the internal organs; (4) the prescriber must be well assured that he selects the bicarbonate, the ordinary carbonate Scotch soda, washing soda, or soda of the shops being far too irritant and caustic to be applied to a raw, highly sensitive surface.—*Mr. Herbert Kiernander, in London Lancet.*

Cascara Sagrada.—We notice that the article published in our October number, from the pen of Dr. W. P. Gibbons, referring to certain "new remedies," so called, of California origin, has been misinterpreted in some quarters as denying medicinal virtue to the plants in question. This was not its design, nor did the therapeutic value of the remedies enter into consideration. The object was to expose the deception of introducing preparations of old remedies under new names, and claiming originality without deserving it. Several of the plants in question are really valuable. While on the subject we will correct an error in spelling. Cascara (bark) sagrada (sacred) is the common Spanish name of the Rhamnus Purshiana, and means simply *sacred bark*. The adjective should end in *a* and not in *o*, as it is commonly spelled. The old Spanish or Mexican population of the coast had a number of medicinal herbs which they employed in default of officinal plants. Not knowing the botanical names, common names were given, indicating their supposed good qualities. "Yerba Santa" was holy herb; "Yerba Buena" a good herb, and so on.—*Pacific Medical and Surgical Journal, January.*

Relief of Pain from the Application of Sulphate of Copper.—Dr. Pick, of Vienna, observes that it was by mere accident that he discovered the means of relieving the intense and enduring pain caused by the application of sulphate of copper in diseases of the conjunctiva. As in purulent ophthalmia these applications have sometimes to be made daily for months, the relief of such suffering is of great importance. The plan consists in sprinkling calomel over the parts to which the sulphate has been applied four or five minutes after they have been touched. The pain immediately diminishes; and after from three to six days of this procedure the calomel may be applied immediately after the touching with the caustic, and then the pain instantly disappears.—*Centralblatt.*

Prolapse of the Rectum in Infants.—In a recent number of the *Wiener Medizinische Zeitung* Dr. Basevi suggests an improved method of treating this troublesome affection, which he finds most successful. He cauterizes the mucous membrane of the intestine lightly with nitrate of silver, and replaces the gut. Subsequently enemata of tannin, alum, and ice-water are ordered, together with very strict diet, with a view to prevent enteritis. Should these measures fail and the intestine continue to come down, he uses his bandage as follows: The child is held by two nurses, with its buttocks up, over the bed, one securing the upper portion of the body, the other the slightly abducted knees somewhat up in the air. This position is most favorable for the reduction of the prolapsed rectum, because the child can not bear down. After reposition the surgeon stands on the right side of the bed, with the thumb of the left hand pressing the child's left buttock to the right, while the fingers bring the right buttock toward and against it. With the right hand several strips of plaster of some two finger-breadths are drawn from below upward and outward, overlapping one another, across the buttocks, from one trochanter to the other. The strips should approach the perineum as closely as possible. As a support to the plaster, a spica bandage of two or three finger-breadths is run over the lower part of the body. A gutta-percha or waxed paper covering can be used to keep the buttocks clean during defecation, and this bandage can be retained in position for a couple of weeks. If diarrhea be present, astringent enemata may be employed; if constipation, laxative enemata; and these should be given by the physician himself, for fear of disturbing the bandage, which can be changed without difficulty when necessary.—*Press and Cir.*

Lancing the Gums in Dentition.—In discarding this simple expedient our profession has thrown away a safe and valuable adjuvant in the management of infantile disorders. The only objections to it are that it gives pain, that it hardens the gums so as to retard the advance of the tooth, and that it endangers hemorrhage. So far from giving pain, it relieves pain, and still more the intolerable itching which children suffer while teething. If hardness result from the cicatrization, it will facilitate the escape of the tooth instead of retarding it; for every tyro knows that a cicatrix is absorbed under pressure more readily than normal tissue. And as to the danger from hemorrhage, fifty years of constant and abundant experience in my own practice, and observation of the practice of others around me when the operation was universal, have failed to bring within my knowledge a solitary instance of serious hemorrhage caused by lancing the gums. Upon the other hand, again and again have I seen the infant, when fretting and twitching and starting as if on the brink of a convulsion, fall into a tranquil sleep immediately after the process. More than once have I known the child close its jaws to press the lancet into the itching gums. One child I remember who would run to meet me as I entered the house, and open its mouth to invite what experience had taught it would relieve its suffering. By lancing the gums I do not mean slicing off the prominence, nor yet making a crucial incision. These are superfluous, if not barbarous, procedures. It is sufficient to scarify the swollen tissue in one direction to relieve the tension and remove a few drops of blood from the engorged vessels.—*Dr. Henry Gibbons, in Pacific Med. and Surg. Jour.*

Remarks on the Use of Martin's India-rubber Bandage.—Robert William Parker, M. R. C. S., in Medical Times and Gazette: The introduction of Martin's india-rubber bandage in the treatment of ulcers, œdema, and varicosities of the leg has been the source of great comfort, not to patients merely, but also to the surgeon; for many of us have frequently felt ourselves baffled by the combination of evils—poverty, occupation, and habits of life—which enter so largely into the etiology of these affections. Martin's bandages seem to defy all these difficulties, and secure a successful result, when other measures have quite failed. The idea once introduced, other cases naturally present themselves in which these bandages seem likely to be useful. I would especially mention rickety curvature of the long bones of either extremity, in very young children. The bandages ought to be taken off and reapplied twice in twenty-four hours. In early and slight cases of genu valgum, or in genu varum, the india-rubber bandages applied over a well-padded outside or inside splint (according to the case) will be found of great service. I have under care a boy whose knee I excised three or four months ago. There is good union, but one or two sinuses in the line of the incision refused to heal. The whole knee is enlarged and tender, as though swelled out with thickened and degenerated pulpy material. I can not detect bare bone with a probe. One of the india-rubber bandages was applied, and kept on night and day as tightly as could be comfortably borne. The effect was most marked even after a week's trial, and the girth of the knee reduced by three quarters of an inch.

Toothache Remedy.—Mr. C. A. Guild writes to The Clinic: "In last week's issue you quote Dr. Lardier on collodion for toothache. I have found collodion mixed with enough carbolic acid to form a jelly-like mass to be an excellent remedy for toothache. About equal parts will form a 'stiff' jelly, which may be taken on the end of a pine stick and placed in the cavity of the aching tooth. The pain will be relieved almost instantly if it depends on an exposed nerve. I have found this the most reliable and convenient remedy I ever tried."

Sylicilic Acid Enemata in Dysentery.—Dr. Berthold employs an enema consisting of one gram of salicylic acid, three hundred grams of distilled water, and alcohol q. s. In dysentery with tenesmus and bloody stools he administers it every four hours. The tenesmus diminishes, and the number of stools is rapidly reduced, the fecal matters gradually acquiring their normal appearance, the temperature diminishing, and the appetite returning.—*Union Médical.*

Scrofulous Sores.—A Scotch clergyman states in the Edinburgh Medical Journal for March, 1876, that three grains of corrosive sublimate in a pint of whisky constitute an almost infallible remedy in scrofulous sores or runnings. A rag dipped in this twice or thrice a day should be kept on the ulcers until healed.

A Sure and Rapid Cure for Hiccough.—Under this title Dr. Grellet, of Vichy, states that he has never failed in immediately relieving simple hiccough, *i. e.* not dependent upon any appreciable morbid condition, by administering a lump of sugar imbibed with vinegar.—*Révue Méd.*